



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

Canadian Institutes of Health Research

2012-13

Report on Plans and Priorities

**LEONA AGLUKKAQ
MINISTER OF HEALTH**

Canada

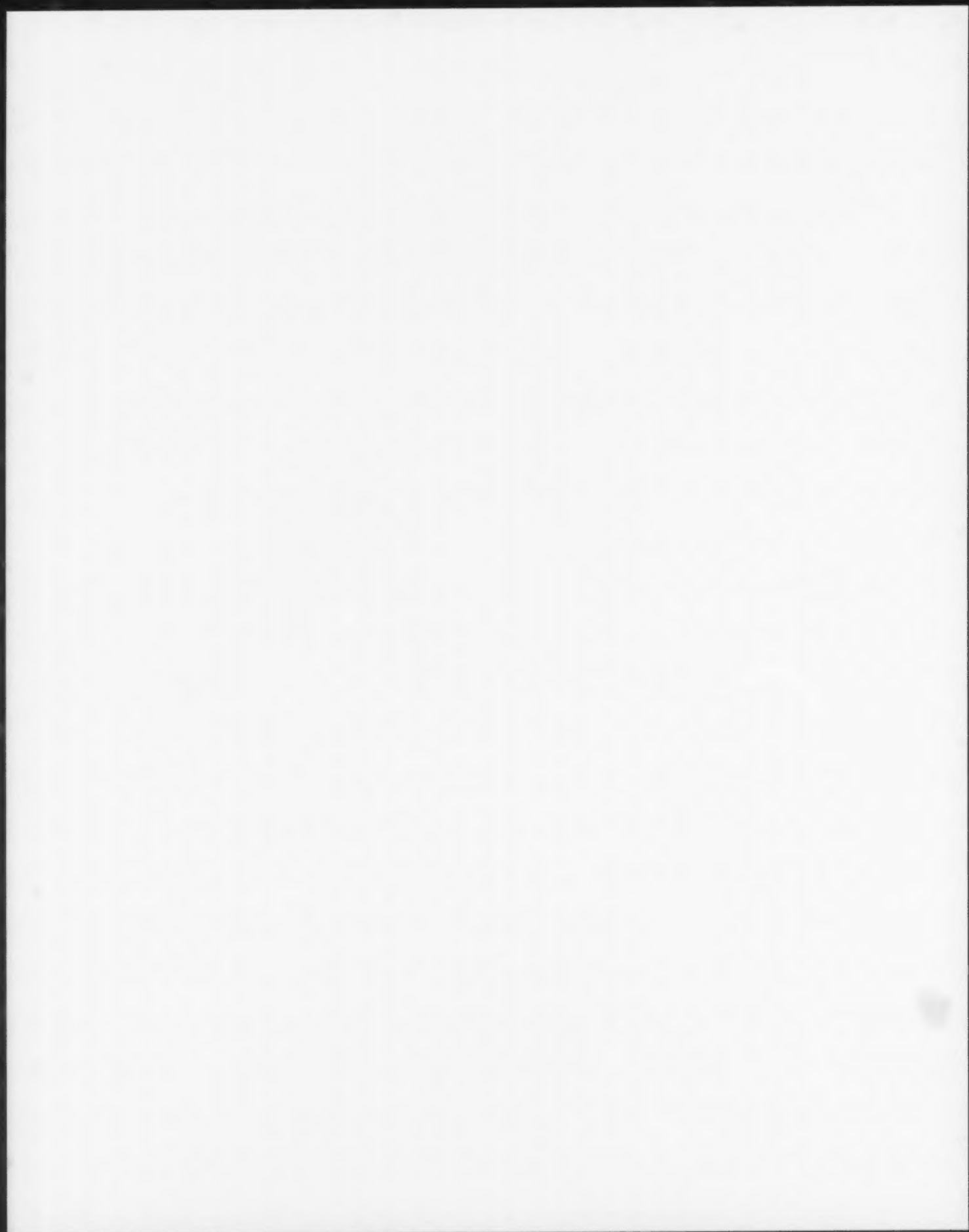


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MINISTER'S MESSAGE

I am honoured to present the Canadian Institutes of Health Research (CIHR) Report on Plans and Priorities for the fiscal year 2012-2013.

As a country, we are facing a wide range of health challenges, from the growing number of people suffering from Alzheimer's disease to health disparities among Aboriginal Peoples. By investing in health research, we can uncover the evidence we need to address these challenges. That is why the Government of Canada remains committed to supporting Canada's health researchers and research institutions. With CIHR's collaboration and expertise, we are helping ensure a healthy future for all Canadians.



This year marks the fourth year of the implementation of Health Research Roadmap, CIHR's strategic plan. The vision outlined in Roadmap is helping CIHR invest in world-class research, focus on health and health-systems priorities, translate research findings into health and economic benefits, and strive for excellence. In line with these priorities, I recently announced Canada's Strategy for Patient-Oriented Research (SPOR) – a first for the country. This new strategy will put patients first by ensuring that research evidence directly improves patient care. As part of this strategy, the Government of Canada and CIHR will work together to support research focused on strengthening health care. SPOR is just one of the ways the Government of Canada is seeking to accelerate the uptake of health-care innovation.

In 2011-2012, CIHR underwent an International Review, conducted by a blue-ribbon panel of health research experts and leaders from around the globe. The review panel commended CIHR for the progress it has achieved on many fronts and identified a few areas for future improvement. Most of these have been identified in Roadmap and the organization has already made progress in addressing them. In August 2011, CIHR's Governing Council publicly released a response and action plan to address the review panel's recommendations.

In 2012-2013, CIHR will continue to refine its vision for the future of health research. I applaud CIHR for the work it is doing on behalf of Canadians.

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health

The original version was signed by
The Honourable Leona Aglukkaq
Minister of Health

SECTION I: ORGANIZATIONAL OVERVIEW

Raison d'être

CIHR is the Government of Canada's health research funding agency. It was created in June 2000 by the CIHR Act (Bill C-13) with a mandate "to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system".

Responsibilities

CIHR was designed to respond to the evolving needs for health research, and this is reflected in the difference of its mandate from that of its predecessor, the Medical Research Council of Canada. CIHR's mandate seeks to transform health research in Canada by:

- funding both investigator-initiated research as well as research on targeted priority areas;
- building research capacity in under-developed areas and training the next generation of health researchers; and
- focusing on knowledge translation that facilitates the application of the results of research and their transformation into new policies, practices, procedures, products and services.

CIHR integrates research through a unique interdisciplinary structure made up of 13 "virtual" institutes. These institutes are not "bricks-and-mortar" buildings but communities of experts. Each Institute supports a broad spectrum of research in its topic area: biomedical; clinical; health systems and services; and the social, cultural and environmental factors that affect the health of populations. Institutes form national research networks linking researchers, funders and knowledge users across Canada to work on priority areas.

CIHR reports through the Minister of Health and plays a key role in the Health Portfolio, the focal point for the Government of Canada's health-related activities. As Canada's health research funding agency, CIHR makes an essential contribution to the Minister of Health's overall responsibilities by funding the research and knowledge translation needed to inform the

CIHR Institutes: 2012-2013

Aboriginal Peoples' Health: Dr. Malcolm King

Aging: Dr. Yves Joanette

Cancer Research: Dr. Morag Park

Circulatory and Respiratory Health:
Dr. Jean L. Rouleau

Gender and Health: Dr. Joy Johnson

Genetics: Dr. Paul Lasko

Health Services and Policy Research:
Dr. Robyn Tamblyn

Human Development, Child and Youth Health:
Dr. Shoo K. Lee

Infection and Immunity: Dr. Marc Ouellette

Musculoskeletal Health and Arthritis:
Dr. Phillip Gardiner

Neurosciences, Mental Health and Addiction:
Dr. Anthony Phillips

Nutrition, Metabolism and Diabetes:
Dr. Philip M. Sherman

Population and Public Health:
Dr. Nancy Edwards

evolution of Canadian health policy and regulation; and, by taking an advisory role on research and innovation issues. This is achieved through an extensive and growing set of linkages with Health Canada and the Public Health Agency of Canada, providing decision-makers with access to high quality and timely health research knowledge.

CIHR works closely with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC), the two Granting Councils of the Industry portfolio, to share information and co-ordinate efforts, harmonize practices, avoid duplication and foster multi-disciplinary research. The three organizations (referred to as "Tri-Council") also try to make it easier for researchers and others to interact with them, by providing single-window through the implementation of common policies, practices and approaches whenever possible.

CIHR's Governing Council (GC) sets the strategic directions and evaluates performance, supported by six sub-committees. Leadership on research, knowledge translation and funding for research is provided by the Science Council (SC) and leadership on corporate policy and management is provided by the Executive Management Committee (EMC).

Strategic Outcome(s) and Program Activity Architecture (PAA)

CIHR's Program Activity Architecture (PAA), approved by Treasury Board in May 2009, is shown in Figure 1 below. The PAA consists of one Strategic Outcome and five Program Activities that support the Strategic Outcome. The performance information presented in Section II is organized according to this PAA structure.

CIHR Mandate				
Excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system				
Strategic Outcome 1.0				
A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research				
Program Activity 1.1:	Program Activity 1.2:	Program Activity 1.3:	Program Activity 1.4:	Program Activity 1.5:
Health Knowledge	Health Researchers	Health Research Commercialization	Health and Health Services Advances	Internal Services
Sub-Program Activity 1.1.1	Sub-Program Activity 1.2.1	Sub-Program Activity 1.3.1	Sub-Program Activity 1.4.1	
Open Research Grant Program	Salary Support Program	Research Commercialization Program	Institute Strategic Initiatives	
Sub-Program Activity 1.1.2	Sub-Program Activity 1.2.2	Sub-Program Activity 1.3.2	Sub-Program Activity 1.4.2	
RCT* Program	Training Support Program	NCE** Program	Knowledge Translation Programs	
*RCT: Randomized Control Trials		**NCE: Networks of Centres of Excellence		

Organizational Priorities

In 2009, CIHR's Governing Council approved CIHR's second Strategic Plan (2009-2014), The Health Research Roadmap: Creating innovative research for better health and health care. This Strategic Plan is the product of widespread consultations with members of the health research community, careful assessment of Canada's strengths and weaknesses, and on-going deliberation about what CIHR would like to achieve by 2014. Roadmap sets out a vision comprised of four strategic directions aligned with CIHR's corporate, business and operational priorities.

In 2010, CIHR developed a rolling, CIHR Three-Year Implementation Plan and Progress Report for Roadmap. This plan highlights the activities CIHR will undertake over the next three years in order to achieve the strategic directions outlined in Roadmap. A refresh of this implementation plan was published in 2011 and is scheduled to occur on an annual basis to assess how well CIHR is moving towards its strategic goals and priorities. CIHR will also be conducting regular updates to review the progress made on short-term activities and deliverables.

Priority	Type	Program Activities
Strategic Direction #1 Invest in world-class research excellence	On-going	1.1 Health Knowledge 1.2 Health Researchers
Description		
<p>Why is this a priority?</p> <p>CIHR supports world class research excellence to build the knowledge base and expertise necessary to improve both the Canadian health care system and the health of Canadians. By selecting, supporting, and sustaining Canadian research excellence that meets the highest international scientific standards CIHR positions Canada's health researchers to achieve results and inspire a new generation of researchers.</p> <p>Plans for meeting the priority</p> <p>Continued investment in excellence by supporting the best ideas and brightest minds.</p> <p>Provide capacity to attract and retain the best researchers, break professional and sectoral barriers in health research and prepare young researchers for various labour markets.</p> <p>Enable more students to gain research experience in science while undertaking advanced studies in Canada.</p> <p>CIHR will continue the development and implementation of two significant reforms to improve our ability to achieve this priority efficiently and effectively:</p>		

- The Peer Review Reform will support a sustainable peer review system that: can evaluate all applications with the same degree of rigour and fairness irrespective of research area or methodology; can adapt as research evolves; makes optimal use of our peers; and has a process of selecting the best reviewers.
- The Open Suite of Programs Reform will better capture excellence; support innovative/breakthrough research; improve the sustainability of the long-term research enterprise; and better integrate new talent.

Excellence in health research is also defined by the ability to be creative and develop innovative approaches and solutions to health challenges. CIHR will continue to foster international and interdisciplinary collaboration to support innovations in health research.

Priority	Type	Program Activity
Strategic Direction #2 Address health and health system research priorities	On-going	1.4 Health and Health Services Advances
Description		
<p>Why is this a priority? Through strategic investments, CIHR supports targeted research to address challenges facing Canadians and the health care system.</p> <p>Plans for meeting the priority Canada must carefully select its investments to both capitalize on its areas of strength, and address gaps in key research areas and communities. CIHR will continue work to improve the focus, coherence and impact of its strategic investments.</p> <p>CIHR will design and launch initiatives and strategies to address health and health system challenges in Canada and worldwide such as Canada's Strategy for Patient-Oriented Research (SPOR).</p>		
Priority	Type	Program Activities
Strategic Direction #3 Accelerate the capture of health and economic benefits of health research	On-going	1.3 Health Research Commercialization 1.4 Health and Health Services Advances
Description		
<p>Why is this a priority? Canadians reap the socio-economic benefits of health research when breakthroughs in health</p>		

knowledge are applied to the development of health policies, practices, procedures, products, and services. Research evidence must be accessible and relevant in order to inform practice or policy.

Plans for meeting the priority

CIHR, through its knowledge translation strategy, will continue to facilitate collaboration between knowledge users, industry, health care professionals, policy makers and the research community to translate health research into health policies, practices, procedures, products and services that will benefit the health of Canadians.

CIHR will continue to promote the dissemination and application of new knowledge to ensure research can be used to improve health and health services; and, facilitate the commercialization of research for economic benefits to Canada.

Priority	Type	Program Activity
Strategic Direction #4 Achieve organizational excellence, foster ethics and demonstrate impact	On-going	1.5 Internal Services
Description		
<p>Why is this a priority?</p> <p>CIHR is committed to demonstrating its accountability and to providing the very best services to its clients and stakeholders. CIHR strives continually to strengthen its operations and programming while fostering a dedicated, well-informed workforce.</p> <p>Plans for meeting the priority</p> <p>CIHR will ensure that our multi-year investment strategy is supported by sound financial and risk management practices, including clear accountabilities, timely financial and performance reporting and sufficient operating resources.</p> <p>Through innovative program reforms and technology-based solutions, CIHR will continue to improve the quality, efficiency and effectiveness of its program delivery systems and reduce complexity for stakeholders.</p> <p>CIHR will work with NSERC and SSHRC to develop harmonized policies that facilitate access to the results of publicly funded research.</p>		

Risk Analysis

CIHR understands the importance of risk management and has integrated risk management considerations into its strategic and operational planning, business processes and decision-making. The approved Risk Management Framework establishes how CIHR identifies, assesses and mitigates risk. The framework also provides a governance model that promotes the accountability for risk management as well as defining the on-going review and updating process for existing and potential risks to the organization.

On a continuous basis, CIHR monitors and assesses both identified and potential risks. Throughout the year all risk owners are required to provide CIHR's Chief Risk Officer (CRO) with updates to their risk mitigation strategies in order to ensure their overall strategy and implementation target dates are reasonable and meet the needs of the organization.

Finally, in order to satisfy the governance and accountability requirements of the Risk Management Framework, both Governing Council and the Audit Committee receive regular reports on the issues relating to risk management as well as information on any material changes to the Corporate Risk Profile from the CRO.

The current Corporate Risk Profile contains sixteen risks of which 5 are classified as high. The five high risks are described below:

Risks and Mitigation Strategies

Health Research Roadmap Implementation

There is a risk that CIHR is unable to fully deliver on the strategic directions outlined in the Health Research Roadmap in the defined timeframe. This includes risks that: internal and external stakeholders do not understand or support the proposed changes, and/or operational requirements and competing priorities prevent resources from focusing on the implementation.

To mitigate this risk, CIHR developed a three-year rolling plan for Health Research Roadmap Implementation. The plan will ensure alignment with Roadmap of operational activities including internal and external stakeholder engagement.

Knowledge Translation

Given CIHR's lack of direct control of all the factors that influence the uptake and use of research, there is a risk that CIHR may not be able to fully achieve the knowledge translation (KT) component of its mandate and improve the health of Canadians through health research.

To mitigate this risk, CIHR has developed KT strategies for all CIHR institutes and initiatives. CIHR has also established a core suite of KT programs and will monitor progress on KT activities and outcomes.

Results Management and Monitoring

Performance reporting and evaluation are time-consuming, costly, and at times burdensome to target audiences. There is a risk that CIHR will be unable to adequately and efficiently evaluate

and report on its performance as well as the results of funded research, which could compromise our ability to be accountable to Canadians.

To mitigate this risk, CIHR will refresh its performance measurement frameworks and activities at all levels (programs, initiatives, and operations). This will improve CIHR's ability to track and monitor performance outcomes related to research and operational activities. Currently underway are IT systems revisions to ensure appropriate data architecture is in place to support information and reporting plans, and the development and implementation of data quality and monitoring standards.

Institute Organizational Model

Due to the Institute virtual organizational model, there is a risk of disruptions and corporate memory loss during transitions that may compromise the Institutes' ability to achieve planned outcomes or their mandate in support of CIHR's strategic objectives.

To mitigate this risk, management has implemented an Institute Transition Plan and renewal schedule. In addition, an on-going process has been established to assess the performance of Institute Scientific Directors.

Budgeting

There is a risk that CIHR funds are not appropriately allocated to support the achievement of its strategic outcome; that CIHR's planned staffing, project and programming activities exceed available funding resulting in key planned activities and initiatives not being realized; and that funding via an annual appropriation may make it difficult for CIHR to plan and resource longer term activities and strategies, which in turn may limit CIHR's ability to initiate new programs that are required to achieve impact.

To mitigate this risk, CIHR has established an integrated operational planning process and a vacancy management process. CIHR will also continue to track and monitor performance outcomes related to research and operational support activities.

Planning Summary

Financial Resources (in millions)

2012-13	2013-14	2014-15
\$ 977.9	\$ 976.8	\$ 976.5

Human Resources (Full-Time Equivalent—FTE)

2012-13	2013-14	2014-15
418	418	418

Strategic Outcome: A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research

Performance Indicators	Targets
Canadian ranking in health research intensity compared to international levels.	Maintain or increase international ranking.
Canadian number and share of world health research papers.	Maintain or increase share.
Number of citations of Canadian health research papers compared to international levels.	Maintain or increase international ranking.
Researchers per thousand workforce compared to international levels.	Maintain or increase international ranking.
Changes in health practices, programs or policies informed by CIHR-funded research.	Evidence that the work of CIHR funded researchers resulted in long-term impacts.
Diversity of research supported (by theme and Institute).	Maintain diversity of funding and increase funding in priority areas.

Planning Summary Table

Program Activity	Forecast Spending 2011-12 (in millions)	Planned Spending (in millions)			Alignment to Government of Canada Outcomes
		2012-13	2013-14	2014-15	
1.1 Health Knowledge	\$ 454.8	\$ 451.0	\$ 458.5	\$ 462.4	Healthy Canadians
1.2 Health Researchers	\$ 204.1	\$ 195.0	\$ 189.8	\$ 187.7	
1.3 Health Research Commercialization	\$ 55.2	\$ 42.0	\$ 45.0	\$ 46.5	
1.4 Health and Health Services Advances	\$ 264.5	\$ 260.9	\$ 254.5	\$ 250.9	
Total Planned Spending	\$ 978.6	\$ 948.9	\$ 947.8	\$ 947.5	

CIHR's decrease in planned spending from 2011-12 to 2012-13 is primarily due to the sunsetting of several programs in 2011-12. The planned reductions pertain to programs such as the Centres of Excellence for Commercialization and Research (\$10.2 million), the Canada Graduate Scholarships, as funding announced in Budget 2009 to temporarily expand the program ended in 2011-12 (\$7.0 million), the Isotope Supply Initiative (\$4.9 million), the Influenza Research Network Initiative (\$3.6 million), the Networks of Centres of Excellence (\$2.5 million) as well as for the Business-Led Networks of Centres of Excellence (\$1.7 million).

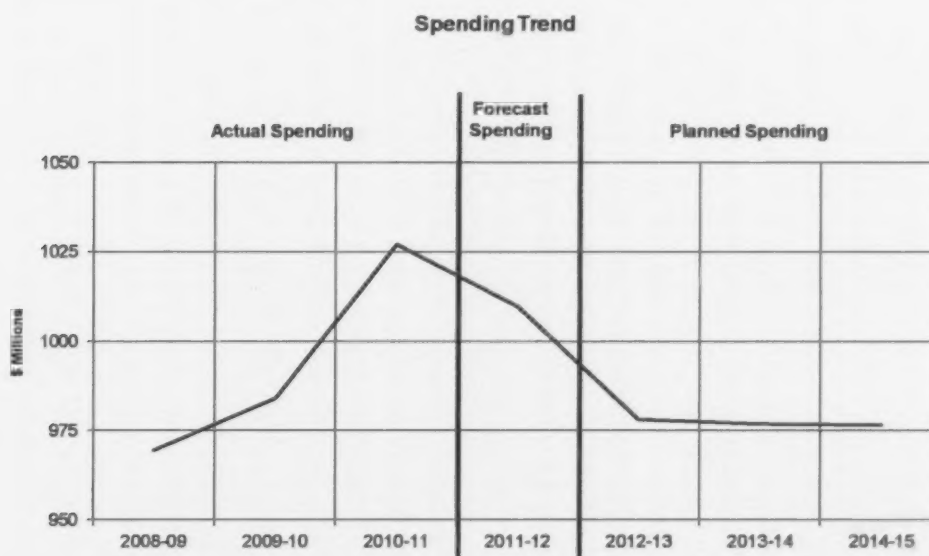
Planning Summary Table

Program Activity	Forecast Spending 2011-12 (in millions)	Planned Spending (in millions)		
		2012-13	2013-14	2014-15
Internal Services	\$ 31.2	\$ 29.0	\$ 29.0	\$ 29.0

Including the Internal Services, CIHR's planned spending totals \$1,009.8 million in 2011-12. Spending then decreases to \$977.9 million in 2012-13 but remains consistent thereafter at \$976.8 million.

Expenditure Profile

Departmental Spending Trend



CIHR's actual spending increased from \$969.4 million in 2008-09 to reach \$1,026.9 million in 2010-11. Forecast spending decreased to \$1,009.8 million in 2011-12 and remains consistent at approximately \$976.8 million thereafter.

The variations in departmental spending described above are mainly due to several on-going increases to CIHR's Base Budget announced in Federal Budgets over this period coupled with targeted increases for such programs as the National Anti-Drug Strategy (NADS), the Drug Safety and Effectiveness Network (DSEN), and the Banting Postdoctoral Fellowships.

More recently, these increases have been offset by the full implementation, in 2011-12, of the results of the 2008 Strategic Review and the resulting wind-down of two of its programs: the Open Team Grant and the Intellectual Property Management programs as well as the sunseting of several programs or initiatives as noted in the previous section.

Estimates by Vote

For information on our organizational votes and/or statutory expenditures, please see the 2012-2013 Main Estimates publication. An electronic version of the Main Estimates is available at: <http://www.tbs-sct.gc.ca/est-pre/20122013/p2-eng.asp>

SECTION II: ANALYSIS OF PROGRAM ACTIVITIES BY STRATEGIC OUTCOME

Strategic Outcome

A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research.

CIHR supports health research in order to improve the health of Canadians and to deliver more effective health care services to Canadians. Supporting health research that leads to this outcome may be through: creating health knowledge which leads to the development of new and better ways to prevent, diagnose and treat disease; ensuring Canada has top quality health researchers who can conduct innovative, as well as responsive, health research; commercializing health research discoveries; or advancing the introduction of effective health policies, practices, procedures, products and services.

CIHR uses a peer review process to identify exemplary projects and individuals that merit funding. In 2012-13, it is estimated that approximately 3,000 peer reviewers will provide their time, without remuneration, and will serve on approximately 220 peer review committees to review approximately 17,000 applications. Without the voluntary support from this community of experts, CIHR would not have the necessary financial and human resources to review and fund the same amount of quality health research.

Program Activity 1.1: Health Knowledge

This program activity supports the creation of new knowledge across all areas of health research to improve health and the health care system. This is achieved by managing CIHR's open competition and related peer review processes based on internationally accepted standards of scientific excellence.

Financial Resources (in millions)

2012-13	2013-14	2014-15
\$ 451.0	\$ 458.5	\$ 462.4

Human Resources (Full-time equivalent)

2012-13	2013-14	2014-15
81	81	81

Program Activity Expected Results	Performance Indicators	Targets
Health research advances knowledge.	A. Outputs and impacts of CIHR- funded research.	i. Maintain or increase the number of publications from CIHR-supported research
		ii. Maintain or increase

		Knowledge Translation activities of CIHR-funded researchers
		iii. Maintain or increase CIHR expenditures in funding programs*

*This target, originally reported as maintain or increase CIHR total number and average dollar value of grants funded, was changed to ensure consistency and ease in interpreting results.

Planning Highlights

The Open Research Grants Program provides operating funds to support research proposals in all areas of health research. This program also encompasses the funding of randomized controlled trials which supports experiments to evaluate the efficiency and effectiveness of interventions in health, health services, or population health. In 2012-13, CIHR intends to launch competitions with application deadlines in September and March which will result in approximately 800 new multi-year grants for the best research ideas. Approximately 4,000 on-going multi-year grants are supported during the year.

CIHR has made considerable progress in its process to design a new Open Suite of Programs and Peer Review system. In 2012-13, feedback from the research community at large will be integrated into CIHR's implementation of the reforms. The redesigns will ensure the long-term sustainability of CIHR's contribution to the Canadian health research enterprise, remove barriers, and enable researchers from all themes to improve CIHR's ability to deliver on its mandate.

Program Activity 1.2: Health Researchers

This program activity aims to build health research capacity to improve health and the health care system by supporting the training and careers of the best health researchers selected through a competitive peer review process based on internationally accepted standards of scientific excellence.

Financial Resources (in millions)

2012-13	2013-14	2014-15
\$ 195.0	\$ 189.8	\$ 187.7

Human Resources (Full-time equivalent)

2012-13	2013-14	2014-15
33	33	33

Program Activity Expected Results	Performance Indicators	Targets
A strong and talented health research community with the	A. Number of graduate trainees in Canada	i. Maintain or increase international ranking.

capacity to undertake health research.	compared to international levels*.	
	B. Number and fields of investigators and trainees funded.	ii. Maintain number and diversity (by theme and Institute domain) of trainees funded.

*This performance indicator, originally reported as Number, share and types of graduate trainees in Canada compared to international levels, was changed due to the unavailability of data on the share and types of graduate trainees.

Planning Highlights

CIHR offers Salary Support and Training Support Programs. The Salary Support Program provides support to help new health researchers develop their careers and devote more time to initiating and conducting health research. The Training Support Programs provide support and special recognition to master, doctorate, post-doctorate or post-health professional degree students who are training in health research areas in Canada or abroad. There is intense competition globally for talent and CIHR's programs are designed to attract and keep the brightest minds in Canada throughout their research careers.

CIHR also supports health researchers by offering the following five Tri-Council programs:

- The Canada Research Chairs Program (CRC) aims to attract and retain some of the world's most accomplished and promising researchers. CIHR provides two levels of awards that are allocated to universities and research institutes who recruit researchers into the "Chair" positions. The CRC Program provides long term funding to outstanding researchers.
- The Canada Excellence Research Chairs Program (CERC) aims to support Canadian universities in their efforts to build on Canada's growing reputation as a global leader in research and innovation.
- The Canada Graduate Scholarship Program (CGS) supports the development of future health researchers at both the master's and doctoral levels in all fields in Canada. This program is expected to increase Canada's capacity for innovation by providing exceptional full-time Master's and Doctoral students with the financial security they need to fully concentrate on their studies and engage in cutting-edge research.
- The Vanier CGS Program enables Canada to build world-class research capacity by attracting and retaining the best doctoral students both nationally and internationally.
- The Banting Post-Doctoral Fellowship Program will help post-doctoral researchers develop their leadership potential and position them for success as research leaders, positively contributing to Canada's economic, social and research-based growth through a research-intensive career.

Program Activity 1.3: Health Research Commercialization

This program activity supports and facilitates the commercialization of health research to improve health and the health care system. This is achieved by managing funding competitions to provide grants, in partnership with the private sector (where relevant); and by building and strengthening the capacity of Canadian health researchers to engage in the research and development (R&D) and commercialization process.

Financial Resources (in millions)

2012-13	2013-14	2014-15
\$ 42.0	\$ 45.0	\$ 46.5

Human Resources (Full-time equivalent)

2012-13	2013-14	2014-15
7	7	7

Program Activity Expected Results	Performance Indicators	Targets
Commercial activity – products (patents and intellectual property), companies and employment generated.	A. Health research is commercialized more effectively.	i. Maintain or increase CIHR expenditures in funding programs*
		ii. Evidence of commercialization outcomes, such as: patents, licenses, copyrights, centres; new products or processes; policies influenced or created; and/or influence on health delivery**
	B. Strong linkages and partnerships created between universities, governments, industry, and other users.	iii. Maintain or increase dollar amount of CIHR partner investments
		iv. Evidence of successful linkages and partnerships created as a result of the NCE Program

* This target, originally reported as maintain or increase CIHR total number and average dollar value of grants funded, was changed to ensure consistency and ease in interpreting results.

** This target, originally reported as maintain or increase number of patents, licenses, copyrights, centres; new products or processes; policies influenced or created; influence on health delivery, was changed due to the unavailability of consistent reporting data. The original target will be reconsidered upon the full implementation of CIHR's end-of-grant reporting system.

Planning Highlights

The Health Research Commercialization programs are a suite of funding initiatives that aim to support the creation of new knowledge, practices, products and services and to facilitate the commercialization of this knowledge. This is done by funding R&D and commercialization projects (such as proof of principle and industry partnered projects) which encourage collaboration between academia and the private, public and/or not-for-profit sectors in the promotion and support of the commercial transfer of knowledge and technology resulting from health research.

In alignment with the Federal Science and Technology (S&T) Strategy, CIHR is working with NSERC on the development of a new joint commercialization funding program to replace the current CIHR Proof of Principle (POP) and the NSERC Idea to Innovation (I2I) programs. This new program will be administered at NSERC.

The Collaborative Health Research Projects (CHRP) program, part of the commercialization suite of programs, is a joint program with NSERC currently administered at NSERC. In 2012, the administration of the CHRP program will move to CIHR.

The Networks of Centres of Excellence Programs (NCE) is delivered in collaboration with the other two granting councils, through the NCE Secretariat. They support partnering centres of research excellence with industry capacity and resources, and strategic investment to turn Canadian research and entrepreneurial talent into economic and social benefits for Canada. The NCE programs are national in scope, multi-disciplinary and involve multi-sectoral partnerships between academia, industry, government and the not-for-profit sector (non-governmental organizations). The NCE supports the best NCE applications in the area of health research.

Program Activity 1.4: Health and Health Services Advances

Through this program activity, CIHR targets its investment in health research to address gaps in key research areas and communities or to capitalize on areas of Canadian strength. CIHR identifies priorities and provides directed support to respond to the health and health care system challenges that matter to Canadians.

Financial Resources (in millions)

2012-13	2013-14	2014-15
\$ 260.9	\$ 254.5	\$ 250.9

Human Resources (Full-time equivalent)

2012-13	2013-14	2014-15
106	106	106

Program Activity Expected Results	Performance Indicators	Targets
Translation and use of health research takes place as a result of effective funding programs.	A. Outputs and impacts of CIHR funded research.	i. Maintain or increase CIHR expenditures in funding programs*

		ii. Maintain or increase KT activities of CIHR-funded researchers
	B. Institute leadership within the research community.	iii. Evidence of Institutes identifying and responding to national and international health threats and opportunities

* This target, originally reported as maintain or increase CIHR total number and average dollar value of grants funded, was changed to ensure consistency and ease in interpreting results.

Note: The target Maintain or increase number of publications from CIHR-funded research for Performance Indicator A was removed due to the unavailability of consistent reporting data for this Program Activity. The target will be reconsidered upon the full implementation of CIHR's end-of-grant reporting system.

Planning Highlights

As part of the implementation of its Strategic Plan, in 2010-11, CIHR launched a process to attain greater focus and impact from its strategic investments, CIHR's *Signature Initiatives*. This process involved environmental scanning and evaluation to identify needs and opportunities where additional research could make a difference and produce measurable results. In 2012-13, CIHR will continue implementation of the following *Signature Initiatives*:

- **Canadian Epigenetics, Environment and Health Research Consortium:** This initiative will ensure that Canada plays a leadership role in the field of epigenetics, which has the potential to transform the ability to read and subsequently manipulate functional states of a genome within specific cell types.
- **Inflammation in Chronic Disease:** This initiative aims to develop a unified Canadian strategy on inflammation research that will support the discovery and validation of common biomarkers, therapeutic targets, and inflammatory mechanisms amongst chronic diseases, as well as develop prevention and treatment approaches.
- **Community-Based Primary Health Care:** This initiative will make strategic investments in community-based primary health care research and the translation of research knowledge into practice and policy.
- **Personalized Medicine:** This initiative aims to capitalize on Canadian health researchers' strengths in identifying disease-related genes and biomarkers and in translational research in order to integrate evidenced-based medicine and precision diagnostics into clinical practice.
- **Pathways to Health Equity for Aboriginal Peoples:** This initiative aims to increase the capacity of Aboriginal communities to act as partners in the conception, oversight and application of high quality research to reduce the health disparities among Aboriginal Peoples.

- **International Collaborative Research Strategy for Alzheimer's Disease (ICRSAD):** This initiative will help Canadian researchers engage in large scale international Alzheimer's research and provide Canadians with rapid access to the latest preventive, diagnostic and treatment approaches to Alzheimer's disease and related dementias.
- **Evidence Informed Healthcare Renewal:** This initiative aims to provide timely and high-quality evidence to inform policy debate and decision making to how best to finance, sustain and govern provincial, territorial and federal healthcare systems.
- **Canada's Strategy for Patient-Oriented Research (SPOR):** This is a bold new strategy to improve health outcomes through evidence-informed care. The targeted investment will be used to establish national clinical research networks in such domains as mental health and primary care as well as the "Support for People and Patient-Oriented Research and Trials" (SUPPORT) units.

In addition to its *Signature Initiatives*, CIHR makes important investments in health research, with careful consideration to where Canada can capitalize on areas of strength and excellence, and build research capacity in new fields of health research. Priorities are identified in consultation with stakeholders from government, health care, patient and community groups, researchers, and industry. Current priorities include:

- research to advance diagnostics and therapies for Canadians living with Multiple Sclerosis (MS);
- research dedicated to finding an HIV vaccine, addressing complex co-morbid health conditions for people living with HIV/AIDS and other areas of HIV prevention, treatment and care;
- research to increase knowledge of post-market drug safety and effectiveness to inform decisions and increased capacity in Canada to address priority research on post-market drug safety and effectiveness; and
- research to battle chronic non-communicable diseases with a particular focus on the needs of low and middle income countries and populations.

CIHR's Knowledge Translation program consists of a suite of funding opportunities that aim to support the synthesis, dissemination, exchange and ethically sound application of knowledge in any area of health research. This program supports the science of KT, capacity development in KT science, end-of-grant KT activities and integrated KT-collaborative research, which involves researchers and knowledge users working together to address relevant research questions and to exchange and apply knowledge to solve health and health care system problems.

Program Activity 1.5: Internal Services

Internal Services are groups of activities and resources that apply across the organization to support the needs of programs and to meet other corporate obligations of CIHR. These services include such functional areas as Finance, Human Resources, Information Technology and Administration Management Services, Strategic Policy, Internal Audit, Evaluation and Risk Management, Communications and Public Outreach, and Corporate Governance.

Financial Resources (in millions)

2012-13	2013-14	2014-15
\$ 29.0	\$ 29.0	\$ 29.0

Human Resources (Full-time equivalent)

2012-13	2013-14	2014-15
191	191	191

Planning Highlights

CIHR plans to continue to restrain operating expenditures. For example, CIHR will continue to increase its use of virtual peer review committees which decrease hospitality and travel expenditures. In addition, CIHR plans to reduce the numbers of Vice Presidents from four to three.

In 2011-12, CIHR underwent its second international review by a prestigious eleven member blue ribbon panel. The panel presented its report to CIHR's Governing Council in June 2011. CIHR's Executive management has reviewed the panel's report which included 16 recommendations in five overarching areas and has developed an action plan. CIHR will actively monitor progress against this action plan over the next three years.

CIHR will continue to work proactively with all relevant partners to integrate and coordinate current and future funding processes. Increased interagency collaboration is a priority. In addition, CIHR will work with federal, provincial, territorial and international partners to develop strategies to harmonize data sets and databases, data sharing and linkages.

CIHR will also continue to focus on building a culture of ethical research by promoting and assisting in the discussion and application of ethical principles to health research by implementing the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2nd edition (TCPS2) and the Tri-Agency Framework: Responsible Conduct Of Research.

SECTION III: SUPPLEMENTARY INFORMATION

Financial Highlights

**Future-Oriented
Condensed Statement of Operations**
For the Year (ended March 31)
(\$ millions)

	Change	Future-oriented 2012-13	Future-oriented 2011-12
Total Expenses	(29,367)	990,932	1,020,299
Total Revenues	-	12,600	12,600
Net Cost of Operations	(29,367)	978,332	1,007,699

Condensed Statement of Financial Position
For the Year (ended March 31)
(\$ millions)

	Change	Future-oriented 2012-13	Future-oriented 2011-12
Total assets	(558)	16,683	17,241
Total liabilities	(2,379)	15,122	17,501
Equity	1,821	1,561	(260)
Total	-	-	-

Future-Oriented Financial Statements

For more information, details on CIHR's Future-Oriented Financial Statements can be found at:
<http://www.cihr-irsc.gc.ca/e/45193.html>

List of Supplementary Information Tables

- Details of Transfer Payment Programs (TPP)
- Greening of Government Operations
- Sources of Respendable and Non-Respendable Revenue
- Upcoming Internal Audits and Evaluations over the next three fiscal years

(All electronic supplementary information tables found in the 2012-13 Report on Plans and Priorities can be found on the Treasury Board of Canada Secretariat's web site at:
<http://www.tbs-sct.gc.ca/rpp/2012-2013/info/info-eng.asp>

SECTION IV: OTHER ITEMS OF INTEREST

1. CIHR's Strategic Plan: Health Research Roadmap: Creating innovative research for better health and health care 2009/10 - 2013/14: <http://www.cihr-irsc.gc.ca/e/39977.html>
2. CIHR Three-Year Implementation Plan and Progress Report 2010-13: <http://www.cihr-irsc.gc.ca/e/42152.html>
3. Various CIHR Annual Reports: <http://www.cihr-irsc.gc.ca/e/153.html>
4. Knowledge Translation and Commercialization: <http://www.cihr-irsc.gc.ca/e/29529.html>
5. CIHR Institutes – More information, including Institute Strategic Plans and Annual Reports, is available through CIHR's web site: <http://www.cihr-irsc.gc.ca/e/9466.html>

Internet Addresses

Canadian Institutes of Health Research (CIHR) Home Page	http://www.cihr-irsc.gc.ca/e/193.html
Aboriginal Peoples' Health	http://www.cihr-irsc.gc.ca/e/8668.html
Aging	http://www.cihr-irsc.gc.ca/e/8671.html
Cancer Research	http://www.cihr-irsc.gc.ca/e/12506.html
Circulatory and Respiratory Health	http://www.cihr-irsc.gc.ca/e/8663.html
Gender and Health	http://www.cihr-irsc.gc.ca/e/8673.html
Genetics	http://www.cihr-irsc.gc.ca/e/13147.html
Health Services and Policy Research	http://www.cihr-irsc.gc.ca/e/13733.html
Human Development, Child and Youth Health	http://www.cihr-irsc.gc.ca/e/8688.html
Infection & Immunity	http://www.cihr-irsc.gc.ca/e/13533.html
Musculoskeletal Health and Arthritis	http://www.cihr-irsc.gc.ca/e/13217.html
Neurosciences, Mental Health and Addiction	http://www.cihr-irsc.gc.ca/e/8602.html
Nutrition, Metabolism and Diabetes	http://www.cihr-irsc.gc.ca/e/13521.html
Population and Public Health	http://www.cihr-irsc.gc.ca/e/13777.html

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